



Application for Team DMV Travel Team 12th National Black Heritage Championships Swim

Meet May 24-25, 2014 in Cary, NC

Applications must be received by the Team DMV Travel Team Coordinator no later than

Friday April 11, 2014

APPLICANTS ARE STRONGLY ENCOURAGED TO APPLY BEFORE THE DEADLINE AS WE WILL SELECT THE TEAM ON FIRST COME BASES

All fees are due with application. Fees are non-refundable.

Please ensure checks/money orders are made payable to **DC Wave Booster Club**

Please PRINT all information neatly and clearly!

Full Name: _____
Last
First
M.I.

Address: _____
Street Address
Apartment/Unit #

City
State
ZIP Code

Home Phone: (____) _____ USA Swimming Registration Number: _____

Gender: Male Female

Email for Travel Correspondence

Age as of May24, 2014

Registered Club

Coaches Name

Coach's Contact Email and/or Phone

Swimmers with a Disability: Are you applying to be a member of the Team DMV Travel Team for the 12th National Black Heritage Meet under provisions in the meet announcement pertaining to swimmers with a disability (see pages 5-6 of Meet Invitation) **No** **Yes** (If Yes, please complete Page 5)

Athletes must provide events and times to the Travel Team Coordinator along with the application.

Relay teams will be selected by the Team DMV Travel Team coaching staff. The position in a relay and/or the strokes swum in medleys will also be determined solely by the coaching staff.

A list of applications will be posted promptly upon receipt. Please wait at least one week before inquiring about the status of any application submitted. In submitting this application, we understand that swimmers selected for this team will be representing PVS and USA Swimming, and as such will follow all guidelines and codes of conduct established by Potomac Valley Swimming.

Swimmer Signature

Date

Parent Signature

Date

Mail/Email Completed Application to:

Coach Rob Green, DMV 12th National Black Heritage Meet Travel Team Coordinator
 Robert Green (202) 576-9534 (O) Monday through Friday – 12:00 pm to 9:00 pm
Email to: robert.green@dc.gov OR Mail to: DC Wave Booster Club, PO Box 55661, Washington, DC 20040

For Coordinator Use Only:

_____ Date Rec'd _____ Payment Rec'd _____ Code of Conduct Signed _____ Supplemental Info Rec'd _____ Ins Card Rec'd _____ Apparel Order Form Rec'd

SWIMMERS NAME:

Events Application

For Events and Event Numbers, please see **page 6** of the application packet

Date	Event #	Event Name	Entry Time
May 25 (Sat)			
May 25 (Sat)			
May 25 (Sat)			
May 26 (Sun)			
May 26 (Sun)			
May 26 (Sun)			

T-Shirt & Swim Cap Order

Below is the mandatory TEAM DMV Meet T-Shirt & TEAM DMV Meet Swim Cap required for each swimmer:

Team T-Shirt Size (*check one size*): YL S M L XL

PAYMENT INFORMATION

Applications are not considered received until all fees are paid in full.

A team practice will be on Saturday, May 17th at Takoma Park from 11am-1pm

Reminder: Applications (and payments) must be received by the DMV Travel Team Coordinator no later than Friday, April 11, 2014

APPLICANTS ARE STRONGLY ENCOURAGED TO APPLY BEFORE THE DEADLINE AS WE WILL SELECT THE TEAM ON FIRST COME BASES

Meet Fee Items	Quantity	Fees	Total
One-time Athlete Surcharge (<i>mandatory</i>)		\$10.00 @ swimmer	\$
Individual Events (<i>6 events max</i>)		x \$8.00 @ event	\$
Relay Event(s) (<i>2 relays max</i>)		x \$3.00 @ relay	\$
Team DMV Apparel (<i>T-shirt & Cap</i>)		x \$11.00 @ swimmer	\$
Other (<i>specify</i>)			\$
Total Balance Due			\$

Payment Methods: (*In memo/subject insert: DMV Cary 2014 & Swimmers Name*)

- Check/money order:** Make payable to **DC Wave Booster Club** Mail to: DC Wave Booster Club, PO Box 55661, Washington DC 20040 (*a \$35 return check fee for any returned check*)
- PayPal:** www.paypal.com; dcwave2010@yahoo.com
- Credit Card:**

Print Name on Card

Card Number

Exp date

Signature

Send this form to:

- Email: robert.green@dc.gov OR dcwave.treasurer@gmail.com
- US Mail: DC Wave Booster Club, PO Box 55661, Washington DC 20040
- Fax: 202-726-2806

POTOMAC VALLEY SWIMMING SUPPLEMENTAL REQUEST FOR INFORMATION

Swimmer information				
Last	First	Middle	Date of Birth	
Parent / Guardian Contact				
Last	First	Middle	Telephone	
			Home	
Address			Work	
			Other	
			Other	
Non-Parent Emergency Contact Information				
Name		Relationship	Telephone	
Medical Insurance Information				
Medical Coverage Provider	Policy #	Group #	Subscriber #	

Permission to dispense:

Aspirin Tylenol
 Yes No Yes No

Please note that our child is allergic to the following:

List all medications and dosages that your child takes on a daily basis:

I/we acknowledge that our child will be representing PVS, and as such will follow all guidelines and codes of conduct established by Potomac Valley Swimming. We further acknowledge that if our child violates one of the rules of the code of conduct he/she has the right to ask for a hearing before any discipline action is taken.

I, the undersigned parent/guardian, hereby authorize and agree to allow the necessary medical services to be administered to my son/daughter _____, if I cannot be contacted in the event of an emergency. I further agree to be responsible for the payment of emergency services not covered by my insurance.

Signature of Parent

Date

PLEASE INCLUDE COPY OF BOTH FRONT AND BACK OF INSURANCE CARD

POTOMAC VALLEY SWIMMING CODE OF CONDUCT

All PVS competitive programs where athlete, coaches, or parent volunteers are sponsored by, or represents, PVS require them to accept the following Code of Conduct as a condition of participation.

I _____, as a member of PVS, understand that I represent Potomac Valley Swimming and I will do nothing to bring discredit upon PVS or myself. Therefore, I will not;

- Possess, steal, destroy, vandalize, or in any way endanger the safety or property of others.
- Possess or use illegal drugs or controlled substances, including tobacco products.
- Possess or use alcoholic beverages.

I understand that failure to comply with the above will result in immediate dismissal from the team and return home at my or my parent's expense. I further understand that additional sanctions may be imposed after a timely review by the PVS Board of Directors.

If I am participating as an athlete on a PVS team, I also promise to:

- Comply with any team rules, including nightly curfews, established by PVS, the team managers, or the coaching staff.
- Attend all team functions, including meetings, practices, meals, competitions and any other function designed by the team managers and/or coaches unless specifically excused by one of the above.
- Travel with the team unless other specific arrangements are made known and approved by the team manager or head coach.
- Compete in the events chosen by the coaching staff and attend all meet competition sessions as directed by the coaching staff.
- Comply with established uniform requirements.
- Maintain an open door when male and female athletes are in the same room.
- Abide by any additional guidelines established by the team manager or coaching staff to ensure the safety and well-being of team members.
- Act respectfully toward team members, coaches, officials, administrators, other volunteers and fellow athletes.

I understand that failure to comply with the above conditions of the Code will result in disciplinary action which may include, but is not limited to the following (listed in order of severity):

- Termination of participation in non-swimming team activities.
- Termination of participation in one or more swimming events.
- Dismissal from the team and return home at own expense
- Disqualification from future teams.
- Denial of future requests for PVS travel assistance.

I understand that I may appeal any disciplinary action in accordance with the PVS Bylaws.

Athlete/Coach/Parent Volunteer Signature		Date	
Parent or Legal Guardian (if under 18) Signature		Date	

SATURDAY MORNING – 11 & OLDER
Saturday, May 24th

1	15 & Over 200 yd Freestyle	2
3	13-14 200 yd Freestyle	4
5	11-12 200 yd Freestyle	6
7	15 & Over 50 yd Breaststroke	8
9	13-14 50 yd Breaststroke	10
11	11-12 50 yd Breaststroke	12
13	15 & Over 100 yd Butterfly	14
15	13-14 100 yd Butterfly	16
17	11-12 100 yd Butterfly	18
19	15 & Over 50 yd Backstroke	20
21	13-14 50 yd Backstroke	22
23	11-12 50 yd Backstroke	24
25	15 & Over 200 yd Individual Medley	26
27	13-14 200 yd Individual Medley	28
29	11-12 200 yd Individual Medley	30
31	15 & Over 200 yd Freestyle Relay	32
33	13-14 200 yd Freestyle Relay	34
35	11-12 200 yd Freestyle Relay	36

SATURDAY AFTERNOON – 10 & UNDER
Saturday, May 24th

37	9-10 200 yd Freestyle	38
39	8 & Under 100 yd Freestyle	40
41	9-10 50 yd Breaststroke	42
43	8 & Under 25 yd Breaststroke	44
45	9-10 100 yd Butterfly	46
47	8 & Under 50 yd Butterfly	48
49	9-10 50 yd Backstroke	50
51	8 and Under 25 yd Backstroke	52
53	9-10 100 yd Individual Medley	54
55	8 and Under 100 yd Individual Medley	56
57	9-10 200 yd Freestyle Relay	58
59	8 and Under 100 yd Freestyle Relay	60

SUNDAY MORNING – 11 & OLDER
Sunday, May 25th

61	15 & Over 100 yd Freestyle	62
63	13-14 100 yd Freestyle	64
65	11-12 100 yd Freestyle	66
67	15 & Over 50 yd Butterfly	68
69	13-14 50 yd Butterfly	70
71	11-12 50 yd Butterfly	72
73	15 & Over 100 yd Backstroke	74
75	13-14 100 yd Backstroke	76
77	11-12 100 yd Backstroke	78
79	15 & Over 100 yd Breaststroke	80
81	13-14 100 yd Breaststroke	82
83	11-12 100 yd Breaststroke	84
85	15 & Over 50 yd Freestyle	86
87	13-14 50 yd Freestyle	88
89	11-12 50 yd Freestyle	90
91	15 & Over 200 yd Medley Relay	92
93	13-14 200 yd Medley Relay	94
95	11-12 200 yd Medley Relay	96
97	Exhibition 50 Free (No Event This Year)	
	Coaches/Officials/Parents/Alumni Mixed 100 Free Relay	98

SUNDAY AFTERNOON – 10 & UNDER
Sunday, May 25th

99	9-10 100 yd Freestyle	100
101	8 & Under 50 yd Freestyle	102
103	9-10 50 yd Butterfly	104
105	8 & Under 25 yd Butterfly	106
107	9-10 100 yd Backstroke	108
109	8 and Under 50 yd Backstroke	110
111	9-10 100 yd Breaststroke	112
113	8 & Under 50 yd Breaststroke	114
115	9-10 50 yd Freestyle	116
117	8 & Under 25 yd Freestyle	118
119	9-10 200 yd Medley Relay	120
121	8 and Under 100 yd Medley Relay	122

